



Healthy Minds, Healthy  
Behaviors: Promising  
Lives Right From the Start

# Guiding Principles in Providing Integrated Behavioral Health Services for Young Children and Their Families: *The Starting Early Starting Smart Experience*

## **The SESS Difference**

*SESS principles draw upon a wealth of intuitive, good-practice knowledge, which has been developed by parents and professionals over the years. The important SESS difference is in the outcomes. SESS has been rigorously evaluated in 12 sites over a 4-year period. Empirical evidence says, "SESS Works."*

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## **The SESS Philosophy**

The *SESS* program goals are to develop, evaluate rigorously, and disseminate new knowledge and information on how best to integrate and provide behavioral health services (services targeting mental health and substance abuse) to young children and their caregivers. To accomplish this task, prevention and treatment services were integrated within settings that already served young children and their families (child care, Head Start, and Primary Health Care).

The primary *SESS* guiding principle is captured in the phrase, "It's all in the relationship." Clinical, collaborative, and administrative efforts are all relationship-oriented, focusing on positive parent-child, family-staff, staff-agency, and agency-agency interactions. The success of this work depends first and foremost upon positive rapport and trust building with families.

## **Planning Involves Comprehensive Community-Based Assessment**

The first step in planning a *SESS* collaborative is a comprehensive community assessment to obtain a clear demographic picture and to identify existing community resources. It is recommended that this assessment be carried out with other organizations such as existing task forces, multidisciplinary teams, and human service coalitions. Matching services to populations requires responding to specific documented needs; it does not require replication of an inflexible program model. There is no single universally implemented *SESS* model. Rather, there is a *SESS* framework which serves as a guide to program design. The required behavioral health service components are depicted in Exhibit 1.

## **Families Must Participate as Full Partners**

*SESS* Families, as consumers, are involved in all stages of program development, including planning, implementation, and evaluation. Because the quality of the relationship between the family and the service providers is key to program effectiveness, family involvement is not only an ethical imperative, but a pragmatic one

as well. The family voice requires more than representation, it requires active participation.

## **Collaboration—With Other Community Programs That Serve Families—Is Fundamental**

To provide the needed comprehensive range of services for *SESS* participants, it is imperative that a genuine spirit of cooperation exists among a range of stakeholders. Examples of collaboration partners include family members, mental health providers, substance abuse prevention and treatment providers, early childhood and youth services, educational settings, child welfare agencies, social service agencies, health care providers, criminal justice agencies, faith-based service programs, and public health initiatives.

## **A Culturally Relevant Intervention Approach Is Essential**

Families need access to cultural, linguistic, and age-appropriate services. Families reflect cultural diversity in their values and beliefs as well as in the views and expectations they have for themselves. Understanding diversity factors is particularly important in planning *SESS* program services. (Exhibit 2) Implementing a *SESS* service integration program requires the ability to customize services to meet the unique cultural needs of individual families, agencies, and communities. Staff, both professional and paraprofessional, should be culturally competent, and if possible, reflect the demographics of the populations served.

## **A Strengths-Based Program Serves Both Families and Staff**

The *SESS* program has a strengths-based focus (as opposed to the traditional deficit model). Together staff and family identify the family's strengths as a part of service planning, and the chosen services incorporate and build on those strengths. The importance of "the relationship" in a strengths-based approach necessitates attention to how well staff are supported, trained, and nurtured by the program. Dedication and commitment to serving the target population or

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community, as well as overall “buy-in” to the general *SESS* philosophy and approach are essential to program fidelity.

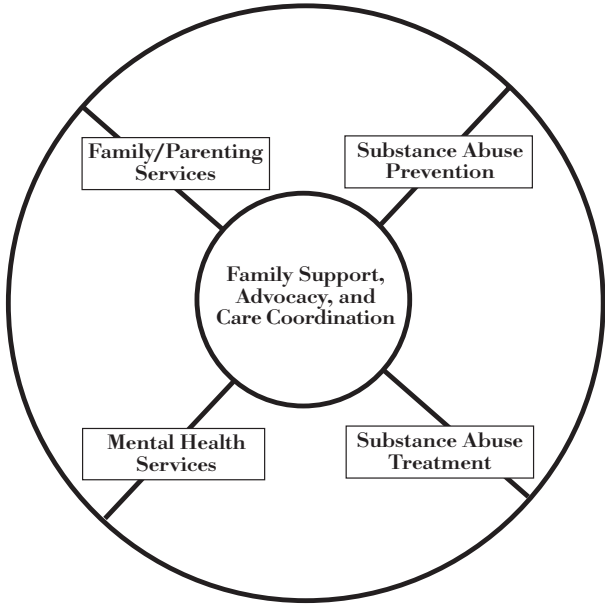
The *SESS* “Golden Rule” dictates that agencies treat staff in the same manner they would like the staff to treat families. This parallel process of an agency nurturing its staff can significantly affect how staff nurture families. Staff who feel supported and valued can model ways in which parents can support and value their children.

## Flexibility in Meeting Basic Family Needs Is Critical

One basic key to engaging families in services is to maintain a flexible schedule of when and how services are provided. Opportunities for program involvement are made available at various days, times, and convenient locations (including center- and home-based activities). In addition, *SESS* programs address concrete barriers to participation, including basic needs for transportation and childcare.

Single copies of *SESS* publications—which amplify the principles, practices, and evidence-based outcomes on which this fact sheet is founded—are available FREE (while supplies last) from the National Clearinghouse for Alcohol and Drug Information. Call (800) 729-6686 or go to [www.health.org](http://www.health.org) to preview, download *SESS* publications, or to order online.

**Exhibit 1.**  
**Behavioral Health Service Components**



**Exhibit 2.**

